

MDR Tracking Number: M5-04-0494-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-16-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits; myofascial release, joint mobilization, therapeutic procedures and work hardening were found to be medically necessary. The ultrasound and electrical stimulation were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision are hereby issued this 28th day of January 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10-23-02 through 02-26-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 28th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

January 14, 2004

MDR Tracking #: M5-04-0494-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was injured on ___ while running after a co-worker and his left leg gave out. An MRI revealed a left lateral meniscal tear. He had been attending physical therapy and taking anti-inflammatory and narcotic medications. He underwent a left knee arthroscopy on 08/20/02 for partial lateral and medial meniscal tears.

Requested Service(s)

Office visits, myofascial release, joint mobilization, ultrasound therapy, therapeutic procedures, electrical stimulation, and work hardening from 10/23/02 through 02/26/03

Decision

It is determined that the office visits, myofascial release, joint mobilization, therapeutic procedures, and work hardening from 10/23/02 through 02/26/03 were medically necessary to treat this patient's condition. However, ultrasound and electrical stimulation from 10/23/02 through 02/26/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient received initial passive physical therapy post operatively with progression into active therapy. Based upon functional capacity evaluation (FCE) findings and the surgeon's recommendations, a work hardening program was begun. The patient responded well to the treatment and was placed at maximum medical improvement (MMI) on 02/04/03 with a 9% impairment rating.

Chiropractic guidelines allow for this type of treatment for this injury. Given the fact that there was an extended time period from this injury and surgical intervention, his condition was considered by the designated doctor a major problem that will involve considerable post surgical therapy. This is what occurred in this case. However, there is no standard of care that necessitates the continued, ongoing use of passive therapy two months post operatively.

The records indicate his condition was properly managed as he progressed through an aggressive post surgical treatment program and into a work hardening program. The improved results that were verified by the FCE provide additional documentation as to the benefits the patient received from the treatment that was rendered. Therefore, it is determined that the office visits, myofascial release, joint mobilization, therapeutic procedures, and work hardening from 10/23/02 through 02/26/03 were medically necessary. However, ultrasound and electrical stimulation from 10/23/02 through 02/26/03 were not medically necessary.

Sincerely,